

Nebraska Behavioral Health Outreach and Care Management

July 11, 2016

Behavioral Health Integration Advisory Committee

Facilitated by: Carole Matyas, MSW

Vice President Behavioral Health Operations





Behavioral Health Integrated Model of Care

Basic Principles

- Whole person orientation
 - Seamless coordination of medical/behavioral/ social/financial needs of members
- Accessibility of services
 - Geographically close to members
 - Co-location when possible
- Promote wellness and self-care programs
 - Peer Support services
 Inform and educate our members, providers
 and staff about recovery and resiliency
- Promote the use of health homes for case management to assure coordination and unified treatment planning
- Comprehensive 24/7 crisis program for members

- There is one fluid Care Model, with multiple parts
- We must all work together to provide the right care at the right time
- Consistent approaches to care management ensures quality
- Each role is critical to our models success (clinical, behavioral and non-clinical)



Behavioral Health Integrated Model of Care

Care Management

- Our model is designed to connect members with their treating providers in an effective and expeditious way
- We use data to identify member's with high utilization who need intensive and ongoing case management support and intervention at the provider level
- Uses evidence based best practice to inform utilization and care management processes
- UM process emphasizes transition to community based services when possible

Case Management – telephonic and field based services

- Assessment member's total needs that includes social, environmental and financial barriers to care
- Use of our community outreach, advocacy programs to identify and obtain resources for our members
- Coordination with agencies such as homeless shelters, food banks and housing programs to assist members with their needs and other organizations like courts, state agencies and public health

Network

- Identifies providers who are focused on the whole person strategy and aligned with our integration strategies
- Partner with these providers to develop our high performing networks

Quality

- Improve member's quality of life by providing early intervention on impactable co-occurring conditions
- Use of data to demonstrate outcomes
- Institute a meaningful dialogue with providers to develop pay for performance strategies and innovations to reduce fragmented care and improve outcomes for members

Behavioral Health Components of Case Management



WellCare's Program recognizes some Behavioral Health populations require coordination with community based providers

Special populations such as SMI Adults (Seriously Mentally III) and SED- Children (Serious Emotional Disturbance) benefit best from community based care management:

- Specific and deliberate care coordination when transitioning from hospital to community
- For adults community based care management (TCM) through the community mental health providers enhances recovery efforts and reduces hospital admissions
- For children and adolescents coordination of multiple systems- family, school, juvenile justice etc and community based care management can best serve

Behavioral Health Components of Case Management



- WellCare of Nebraska field based care managers will coordinate care management with treating providers and collectively will determine the appropriate case management lead entity
- Member and caregiver involvement in all treatment planning decisions and care management coordination decisions
- Lead case manager will identify, coordinate and develop treatment plan and required services across all treating providers
- Community support/ advocacy and outreach team will be engaged to assist with securing social, financial and environmental supports needed

Community Advocacy and Outreach Model





Public Assistance Research and Mapping Field-Based Engagement Strategies CHIF and Strategic Granting

Reporting and Promotion

Linking Social Services with Health Outcomes

- Assembling data on the social service network in all states served by WellCare (by zip code)
- Assessing the viability of the social service network in all states served by WellCare
- Preparing resource analytics to identify social service gaps
- · Implementing community-based, gap-fill solutions
- Measuring impact of social supports on health

WellCare of Nebraska



Behavioral Health Contacts			
Contact	Title	Email	Phone
Carole Matyas, MSW	Vice President, BH Operations	carole.matyas@wellcare.com	813-206-2625
Nicole Drelles, LMHC, NCC, IQCI, CCM	Program Manager, BH Operations	nicole.drelles@wellcare.com	813-206-5652
Jason Young, M.S	Director, BH Network Services	jason.young@wellcare.com	917-471-0301